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# Relationship between Supervision and End of Life Care Documentation among Inpatient Room at Hospital in South Jakarta

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**Abstract.** Patients treated in hospitals with end-of-life patients are more likely to be in the intensive care room than patients treated in the standard care room because, if there is an end of life, they are moved to the inpatient room required the implementation of supervision on documenting the end of life care, so that the quality of service improves. The study aimed to identify the relationship between supervision implementation and EoLC documentation in the intensive care room. Cross-sectional design was used. Univariate, bivariate, and multivariate were used to analyze. The results found than the mean age was 35.68 ± 7.232 years, tenure 12.12 ± 7.623 years, 78.3% women, Nursing Diploma 64.2%, implementing nurses 95.8%, PNS 63.2%, PK2 44.8 % and have attended 55.7% training. The average supervision implementation was 51.20%, the technical dimension was 68.30%, the principal was 66.73%, the model was 64.47%, and the routine activities were 51.82%, and documentation was 74.17% EoLC. There is a significant relationship between supervision (techniques, principles, routine activities, and supervision models) with EoLC documentation. The dominant dimension of supervision is the supervision model with medium strength and a positive direction. There are three variables: gender, position, and supervision model can increase EoLC documentation by 27.8% (R2 = 0.278), while other variables can increase the rest. EoLC documentation equation = 75,479 + 3,763 Gender + (-8,366) Position + 2,108 Supervision Model. The nursing sector creates an SPO program to carry out supervision and documentation of EoLC to create effectiveness in nursing services that have an impact on patient quality and safety

**Keyword:** dimensions, documentation, end of life, intensive, supervision, quality.

## INTRODUCTION

In the last two decades, an increasing number of dying patients with chronic diseases has been emphasized in nursing to improve end-of-life care (1). Patients in condition end of life are a developmental stage in family life / social systems and in the life of individuals who are dying (2).

Documentation of nursing services for dying patients was not based on practice standards. For example, nurses in the intensive care unit usually implement care services for end-of-life patients who rarely perform nursing actions but medical actions because of nurses' habit of accompanying doctors in providing services to patients. Care for end-of-life patients must be fulfilled comprehensively from a biological, physiological, psychological, social, spiritual, and cultural perspective (3).

The audit documentation of the end-of-life care record (EoLCR)at St Andrew's Hospital Scotland according to Farquharson (2015) by recording, monitoring, and auditing patient care records for three months indicates that the use of EoLCR. The phenomena found in the world related to the audit of end-of-life care documentation at St Andrew's Hospital Scotland obtained the following results: documentation or evidence of plans to manage patient care 32%, evidence of end-of-life care plans every day 25%, documentation of proof of end-of-life reassurance at every 4 hours 97% did not use EoLCR, documented understanding of family or relatives about dying patients 92% did not use EoLCR documentation. It shows that the audit of documentation makes it possible to prove and fulfill the principles of end-of-life care established by the Scottish Government, but the absence of EoLCR does not mean that good care does not occur, but it makes it difficult to prove.

The phenomenon in Indonesia regarding the audit of end-of-life care documentation has not been carried out. Based on the national standard of hospital accreditation for patient care services, and the need for comfort and dignity of patients and families must be documented, especially documentation of end-of-life care end of life care has unique needs. Therefore the patient's right to the end of life must be respected and documented (5).

Implementation of nursing care documentation can be done effectively in the ward to improve care quality requires supervision. Nurses in carrying out daily nursing care in the treatment room are led ahead of the treatment room. The head of the room has to assist the nursing staff because documentation supervision results are still lacking (6).

The nursing supervision process provides nurses' resources to complete tasks to achieve the organization's goals. Nursing managers in supervising the nursing process's implementation can find various obstacles faced. Therefore, managers need coordination and discussion with nursing staff to aim that supervision's performance can be carried out effectively and efficiently (7).

The phenomenon of the implementation documentation supervision of end of life care end-of-life care in the world occurs because physical facilities are not conducive to services such as dirty and messy spatial planning, uncomfortable privacy. The most significant organizational factor affecting care is the lack of supervision. For example, the results of documentation of nursing care in patients who died from pressure sores were 82% (8). In line with the article on the supervision of processes and outcomes related to the safety and quality of EoLC in Australia, it is less effective, especially in patients other than palliative care services (9).

Efforts to improve the quality of end-of-life care in a hospital in South Jakarta have been carried out. The results explained that seminars and continuing nursing education workshops (CNE) at the hospital in South Jakarta showed an increase in evaluation results in the aspect of knowledge. All participants were trained on how to fill in the documentation end of life care.

Documentation related to end of life care in the intensive unit at a hospital in South Jakarta has not gone as expected. The results of the interview with several Healthcare professional, nurses, head nurses, the nurse in charge of care / PPJA, and the nurse in

authority who have followed CNE and a review of the patient's medical record documents on documentation end of life care, found that there is no nursing care, standard operating procedures, early assessment screening document end of life care and supervision instrument documentation of end-of-life care. They do not understand when to commencement the initial assessment of end-of-life care in doing.

Based on review documentation of the end of life care with patients who had died, it was found in the intensive care room of South Jakarta Hospital, namely the ICU and HCU rooms. In contrast, there was no evidence of the patient's status who died in the usual inpatient room, while documentation of end-of-life care in the ICU and HCU rooms was found. Data from 17 groups of patients who had died were 16 (94%) patient status documents without documentation of end-of-life care, and 1 (6%) patient status documents found that there was documentation of end-of-life care. The implementation of supervision on documentation in hospitals in South Jakarta is mostly done in documenting nursing care in general. Still, in special documentation of end-of-life care, supervision has not been carried out because there is no instrument documentation supervision of end of life care.

## OBJECTIVE

This study aims to identify the relationship between the implementation of supervision and documentation of end-of-life care in the inpatient room at a hospital in South Jakarta.

## METHODS

This study used a cross-sectional to identify the relationship between the independent variable (implementation of supervision) and the dependent variable (documentation of end-of-life care). This study's population were all nurses who worked in the inpatient room (ICU, ICCU, NICU, PICU, HCU, and Teratan 5th north floor) but emphasizes more on inpatient rooms totaling 212 nurses at hospitals in South Jakarta.

In this study, the inclusion criteria were PPJA and implementing nurses who worked in the inpatient room (ICU, ICCU, NICU, PICU, HCU, and Teratai Lt 5 Utara) and were willing to participate in this study. Researchers carried out this research by attaching a pass letter of ethical review from the Research Ethics Committee of the Faculty of Nursing Number: SK-202 / UN2.F12.DI.2.1 / ETIK2020 dated May 26, 2020, and a certificate of research permit at Fatmawati Hospital from the Director of Human Resources for Education and Training Number: DM 01.01 / VIII.21 / 00/2020.

This study used a questionnaire in google form, which consists of 3 questionnaires, namely: Questionnaire A is to identify demographic data of nurses, namely age, sex, education, length of work and level of competence or career path of nurses and related positions and training. Questionnaire B about the implementation of supervision consisting of supervision techniques, supervision principles, routine activities of supervision, and a model of supervision totaling 25 statements. Questionnaire C about documenting the end of life care has five priority dimensions documenting the end of life care, namely: Recognize (acknowledge), Communicate (communication), Involve (involve), support, Do (Do) as many as 30 statements. Questionnaires B and C Measured using a Likert scale using a 4-point scale, namely: 4 = always, 3 = often, 2 = sometimes, 1 = never.

This study uses independent variables, namely the characteristics of nurses (age, gender, educational level, years of service, employment status, career path, and position and training) and the implementation of supervision, namely principles, techniques, models, and supervision frequency. The dependent variable in this study is documentation of the end of life care. In this univariate analysis, researchers used data distribution for numerical data to distribute mean, median, standard deviation, maximum-minimum values , and used frequency distribution for categorical data types. The bivariate analysis used was the test independence t-test, correlation Pearson test, and ANOVA. The multivariate analysis used is multiple linear regression. The instrument validation test in the implementation supervision and

documentation is of end of life care declared valid because r count in each statement is greater than r Table, where r Table from the sample size of the validation test of 30 respondents is 0.361 (r count > r Table). The reliability test results on supervision implementation were declared reliable with Cronbach alpha 0.938 (α> 0.6). The performance of supervision has four elements consisting of the Supervision technique, which consists of 8 statement items (statements no 1-8) with a reliability level of Cronbach alpha 0.824 of(α> 0.6). The principle of supervision has 5 statement items (reports 9-13) with a group of reliability at Cronbach alpha of 0.827 (α> 0.6). Routine supervision activities have 7 statement items (statements 14-20) with a reliability level at Cronbach alpha of 0.854 (α > 0.6). The supervision model has 5 statement items (statements 21-25) with a level of reliability at Cronbach alpha of 0.807 (α> 0.6). The reliability test results on documentation end-of-life care on 30 statements were declared reliable with Cronbach alpha of 0.942 (α> 0.6).

## RESULTS

### Characteristic of respondents

This study explains that nurses' average age in inpatient rooms at hospitals in South Jakarta is 35.68 ± 7,232 years. The average working tenure of nurses in the inpatient room at a hospital in South Jakarta was 12.12 ± 7.623 years. Data on the characteristics of the age and years of service of the respondents are as follows:

Table 1 Characteristics of age and working period of inpatient nurses at a hospital in South Jakarta

| Variables | Mean | SD | 95% CI |
|---|---|---|---|
| Age | 35.68 | 7.232 | 34.70-36.66 |
| Working period | 12.12 | 7.623 | 11.09-13.15 |

Description of nurses in the inpatient room In hospitals in South Jakarta, the majority are women, as much as 78.3%, with the majority of the education level is DIII Nursing 64.2%. Position of the majority of nurses who are executing 95.8%, the majority of civil servant status is 63.7%, the majority level of competence is PK2 44.8% and the nurses who have attended training related to end of life care, the majority have participated in the training (seminars and workshops) 55.7%.

Table 2. Characteristics of Nurses Inpatient in hospitals in South Jakarta

| **Variable** | **Frequency** | **(%)** |
|---|---|---|
| Sex | | |
| Male | 46 | 21,7 |
| Female | 166 | 78,3 |
| Education Level | | |
| DIploma | 136 | 64,2 |
| Ners | 76 | 35,8 |
| Position | | |
| PPJA | 9 | 4,2 |
| Nurse Practitioner | 203 | 95,8 |
| Employment status | | |
| PNS | 134 | 63,2 |
| BLU | 52 | 24,5 |
| Contract | 26 | 12,3 |
| Career ladder | | |
| PK1 | 75 | 35,4 |
| PK2 | 95 | 44,8 |
| PK 3 | 42 | 19,8 |
| Workshop | | |
| Ever | 118 | 55,7 |
| Never | 94 | 44,3 |

**Implementation of supervision in the inpatient room at a hospital in South Jakarta**

Table 3 explains that the average implementation of supervision is in the inpatient room In hospitals in South Jakarta, it is 75.60 ± 11.020 when converted to the percentage of supervision, it only reaches 51.20% and 95% CI, it is believed that the average implementation of supervision in intensive care rooms is between 74.11 and 77.09. Meanwhile, for the dimensions of the performance of supervision in the inpatient room in hospitals in South Jakarta, the highest average of the supervision technique dimensions was 24.40 ± 3.764 (68.30% of the maximum value), followed by the average dimension of the principle of supervision of 15.01 ± 2.624 (66.73% of the maximum value) and the smallest is the mean of routine supervision activities of 21.51 ± 3.468 (51.82% of the maximum value).

Table 3. Implementation of supervision in the inpatient room at a hospital in South Jakarta

| Variable | Mean | SD | Min - Max | % max | 95% CI |
|---|---|---|---|---|---|
| Supervision | 75.60 | 11.020 | 51-100 | 51.20 | 74.11-77.09 |
| Technique Sup | 24.40 | 3.764 | 16-32 | 68.30 | 23.89-24.91 |
| Principle Sup | 15.01 | 2.624 | 8-20 | 66.73 | 14.66-15.37 |
| Freq. Sup | 21.51 | 3.468 | 14-28 | 51.82 | 21.04-21.98 |
| Model Sup | 14.67 | 2.670 | 9-20 | 64.47 | 14.31-15.04 |

**EoLC documentation in the inpatient room at a hospital in South Jakarta**

The average documentation end of life care in the inpatient room at a hospital in South Jakarta was 96.75 ± 11.546. When converted to the percentage of EoLC documentation, it reached 74.17%, and 95% CI was believed that the average documentation of end-of-life care in the inpatient unit was between 94.26 and 97.36.

Table 4. EoLC documentation in the inpatient room at a hospital in South Jakarta

| Variable | Mean | SD | Min - Max | % max |
|---|---|---|---|---|
| *End of Life Care Documentation* | 96.75 | 11.546 | 68-120 | 74.17 |

**The relationship between supervision implementation and documentation EoLC in the inpatient room at a hospital in South Jakarta**

The results of the research that all of the implementations of the supervision and the dimensions (technical supervision, principles of supervision, routine supervision, and models of supervision) showed no significant correlation with the documentation of end-of-life care ($p \leq 0.001$) with the strength of the correlation moderate ($r = 0.466$) and positive direction. Dimension implementation supervision of the most significant correlation with documentation end-of-life care is supervision ($r = 0.484$) with moderate relationship strength and positive relationship direction. In contrast, the supervision implementation dimension with the lowest correlation was the supervision technique ($r = 0.358$) with moderate relationship strength and positive relationship direction

Table 5. The relationship between supervision implementation and documentation EoLC in the inpatient room at a hospital in South Jakarta

| | *EoLC* Documentation | | |
|---|---|---|---|
| Variables | *r* | $r^2$ | *p* |
| **Supervision** | 0.466 | 0.217 | < 0.001* |
| Supervision Technique | 0.358 | 0.128 | < 0.001* |
| Principle Supervision | 0.390 | 0.152 | < 0.001* |
| Supervision activity | 0.425 | 0.192 | < 0.001* |
| Supervisiion Model | 0.484 | 0.234 | < 0.001* |

Analysis lifetime value ($p = 0.231$) and age($p = 0.128$) indicates that there is no relationship between age and years of service with documentation end-of-life care ($p > 0.05$). In the table, the r-value is 0.007, which means that the influence of age characteristics affects

documenting the end of life care by 0.7%, while the effect of tenure characteristics affects documenting the end of life care by 1.1%

Table 6. The relationship between age and years of service with documentation EoLC in the inpatient room at a hospital in South Jakarta (n = 212).

| Variable | *End of Life Care* Documentation | | |
|---|---|---|---|
| | Nilai *r* | $r^2$ | Nilai *p* |
| Age | 0.083 | 0.007 | 0.231 |
| Working Period | 0.105 | 0.011 | 0.128 |

**Relationship between nurse characteristics and documentation EoLC in the inpatient room at a hospital**

Characteristics that have a significant relationship with the documentation end of life care are gender and position. In gender, the mean score documentation for end-of-life care female nurses was higher, 3.867 points than that of men, and this difference was significant (p = 0.044; α = 0.05). Female nurses were twice as good as male nurses to document end-of-life care (OR= 2.016). The characteristic based on position is that the mean PPJA score has a higher documentation score end of life care of 9,201 points than the nurse administrators. This difference is significant (p = 0.019; α = 0.05). PPJA is 0.4 times better than implementing nurses in documenting end-of-life care (OR = 0.449).

Table 7. Relationship between nurse characteristics and documentation EoLC in the inpatient room at a hospital in South Jakarta (n = 212)

| Variables | n | *End of Life Care* Documentation Mean | SD | *mean* | *OR* | *p-Value* |
|---|---|---|---|---|---|---|
| **Sex** | | | | | | |
| Male | 46 | 93.72 | 13.798 | -3.867 | 2.016 | 0.044* |
| Female | 166 | 97.58 | 10.738 | | | |
| **Education Level** | | | | | | |
| DIploma | 136 | 96.94 | 10.868 | 0.546 | 0.686 | 0.742 |
| Ners | 76 | 96.39 | 12.738 | | | |
| **Position** | | | | | | |
| PPJA | 9 | 105.56 | 12.105 | 9.201 | 0.449 | 0.019* |
| Nurse Practitioner | 203 | 96.35 | 11.395 | | | |
| **Workshop** | | | | | | |
| Ever | 118 | 96.87 | 11.907 | 0.288 | 0.983 | 0.857 |
| Never | 94 | 96.59 | 11.139 | | | |

α = 0.05

**Relationship level of competence with documentation EoLC in the inpatient room at a hospital**

The average documentation end of life care for nurses with employment status as BLU employees has an average of 97.48 (81.23% of the maximum value), slightly higher than the average nurse with civil servant status and contract. In comparison, Contract employee status has the lowest average value of 95.08 (79.23% of the maximum value). The research analysis results showed the value of p-value = 0.687, which means there is no significant difference in the average documentation end of life care of employment status as *PNS, BLU*, and contracts.

The average documentation end of life care for nurses with a competency level shows that the *PK3* competency level has an average of 98.12 (81.77% of the maximum value), slightly higher than the average nurse with *PK2* and *PK1* competency levels. In comparison,

the *PK2* competency level has the lowest average score of 96.18 (80.15%) of the maximum value). The research analysis results showed p-Value = 0.664, which means there is no significant difference in the average documentation end of life care of competency levels as *PK3, PK2,* and *PK1*

Table 8. Relationship level of competence with documentation EoLC in the inpatient room at a hospital in South Jakarta (n = 212).

| | | *End of Life Care* Documentation | | | |
|---|---|---|---|---|---|
| Variable | n | Mean | SD | 95% CI | *p-Value* |
| **Employment status** | | | | | |
| Civil servant | 134 | 96.78 | 11.358 | -5.16 – 3.77 | 0.687 |
| BLU | 52 | 97.48 | 10.811 | -4.16 – 8.97 | |
| Contract | 26 | 95.08 | 14.014 | -8.97 – 4.16 | |
| **Career ladder** | | | | | |
| PK1 | 75 | 96.69 | 12.641 | -3.71 – 4.74 | 0.664 |
| PK2 | 95 | 96.18 | 10.975 | -7.00 – 3.12 | |
| PK 3 | 42 | 98.12 | 10.904 | -3.12 – 7.00 | |

The final results of multivariate modeling, from the last modeling, obtained the variable with the most excellent coefficient value, namely gender related to documentation, *end of life care*, namely 3,763 with a standard *error of* 1.657. It indicated that that gender, position, and supervision model could predict the increased documentation of *end-of-life care* at hospitals in South Jakarta, and other variables can control the rest. In the variables, it was found that gender, position, and supervision model could increase documentation of the *end of life care* by 27.8% ($R^2 = 0.278$). In contrast, the rest could be improved by other variables

Table 9. The final modeling of variables related documentation EoLC at hospitals in South Jakarta in 2020 (n = 212)

| Variable | B | SE | Beta | R | $R^2$ | p-*Value* |
|---|---|---|---|---|---|---|
| Constant | 75.479 | 8.494 | | 0.527 | 0.278 | 0.000 |
| Sex | 3.763 | 1.657 | 0.135 | | | 0.024 |
| Position | -8.366 | 3.387 | -0.146 | | | 0.014 |
| Supervision Model | 2.108 | 0.255 | 0.487 | | | 0.000 |

The multivariate model equation is as follows:

EoLC Documentation = 75,479 + 3,763 Sex - 8,366 Position + 2,108 Supervisiion Model

The multivariate model equation can be estimated that documentation of end-of-life care uses variables of gender, position, and supervision models. The B coefficient for each variable is as follows:

1. The value of 3,763 in the gender variable is positive, so it can be said that for every 1 point increase in the gender variable, the *end-of-life care* documentation increases by 3,763 times after being controlled by the position and supervision model.

2. The value of -8.366 in the position variable is negative, so it can be said that with every 1 point increase in the position variable, then the *end-of-life care* documentation reduces by -8.366 times after being controlled with a supervision model and gender.
3. The value of 2.108 in the supervision model variable is positive, so it can be said that for every 1 point increase in the supervision model, the *end-of-life care* documentation increases by 2.108 times after being controlled by position gender.

The conclusion is that of the three variables that have the most influence on the *end of life care* documentation is a model of supervision related to documentation *end of life care* (*beta*= 0.487)

## DISCUSSION

The productive age of resources is a potential asset for the hospital if managed according to its potential. Nurses who have high expectations, according to Afriani et al. (2017), are nurses who are more than 40 years old towards the competency level or career path than nurses who are less than 40 years old. In line with the article, Nindyanto et al. (2013) explained that the average nurse in the inpatient room of Ungaran Hospital, aged ≥ 32 years, was 60.6%. Young nurses or junior nurses have limitations in clinical authority because they are still under supervision or guidance in implementing primary nursing care, especially in technical skills (Hariyati et al., 2018).

Nurses who work longer hours, according to Afriani et al. (2017), explain that nurses have high expectations for a working period of more than nine years compared to nurses whose work period is less than nine years. The results of the analysis of tenure according to Alrajhi et al. (2018) explained that junior nurses or those with a minimum working period are not capable of managing the time and imbalance of care for patients, feel afraid because of lack of knowledge and experience about new conditions, whether the patient's condition or new environmental conditions.

According to Afriani et al. (2017), expectations are higher for sex, explaining that they have higher expectations than males. According to Robbins & Judge (2017), gender is no difference between women and men in problem-solving skills, analysis, skills, performance, motivation, and competitive abilities. The gender difference between women and men is that women prefer to work flexibly or part-time if they are married and have children. In line with research conducted in the inpatient room of Cianjur Hospital, most of the respondents whose education level was DIII Nursing 78.3% (15). In contrast to the article conducted at the Sinopati Bantul Hospital, the highest level of education was nurses as much as 56.4% (16). This is in line with the statement that the higher a person's level of education, the higher their willingness to do difficult and challenging work and desire to be placed in a higher position (17).

According to Ola et al. (2019), employment status directly explains that employment status has a significant and positive effect on employee performance at UPTD Puskesmas Kajuara Makassar. Non-PNS nurses have high expectations of 51.5% on applying PNS nurses' level of competence at Bogor Regency Hospital. The relationship between employment status and career path expectations has no significant association.

According to Afriani et al. (2017), the nurses' career ladder with a PK2 level has a higher level of expectation among other competency levels in their article. Still, there is no significant relationship between the competency level and nurses' expectations in the hospital. According to Yusuf (2015), competence refers to the character of knowledge, skills, individual abilities, and personalities that affect performance directly personal job. The results

of his research in the secretariat of the Bireun Regency show that the level of competence positively affects job decisions by 30% on job satisfaction and 53.3% run according to their competence quite well. According to Ratanto et al. (2013), there is a significant relationship between career development and nurse performance in line with articles related to competency levels.

The achievement of the implementation of supervision of 51.20% is an achievement that is still lacking. This might happen because there is a dimension with a score in the measurement of supervision that is still low. The accomplishment of supervision implementation will increase if the performance of supervision has an increased achievement value. These results are in line with research on supervision, according to Snowdon et al. (2017) in their article explaining that clinical supervision of health professionals is associated with the effectiveness of care. It was due to supervision can find significant improvements in the care process and improve adherence to improving the quality of service providers (18). Ratanto et al. (2013) and Kusuma (2016) explained that there is no significant relationship between supervision and the performance of nurses (19,20).

This documentation achievement results have a sufficient description of the assessment in documenting EoLC in the inpatient room at a hospital in South Jakarta. The results of the achievement in EoLC documentation will be further increased if the implementation of supervision is carried out effectively and efficiently. The results documentation of the end of life care carried out at Cirebon hospital according to Jaelani (2018) in his article explained that as many as 83.3% of nurses carried out nursing care to patients end of life care according to the SPO. As many as 86.7% of nurses carried out nursing documentation following nursing documentation standards (3). The documentation carried out by Gizaw (2019) at Jimma University Medical Center (JUMC) Jimma town, South West Ethiopia showed that good nursing documentation practice is 48.6% and nursing documentation is 51.4% poor regarding the adequacy of documentation formats, timing, supervisor motivation, training and familiarity with the operational standards of nursing documentation were significantly associated with nursing documentation practice (21). In line with the results of research on documentation at the hospital in the east of Ghana, Asamani et al. (2014) explained that as many as 46% of the implementation of care given to patients was not documented in nursing care records, 63% of progress records were not recorded and 57% of documentation not signed by the nurse (22).

One of the Supervision is carried out by auditing end-of-life care documentation, following the research conducted at the St Andrew Hospital Scotland by Farquharson (2015) explaining that end-of-life care record (EoLC) documentation is by auditing, monitoring, and recording patient care with EoLC. The results of the analysis of this study are not in line with the implementation of supervision or audit by Farquharson (2015), which states that the results of the audit of the end of life care documentation every day are 25%, audits that do not use EoLC 97% and as much as 92% documentation of understanding on family or relatives dying patients is not documented (4).

Table 6 shows no relationship between age and years of service. This result is in line with Nindyanto et al. (2013) 's research, which states that there is no relationship between age and completeness of documentation of nursing care in the inpatient room of Ungaran Hospital (11). The research results on the relationship between age and completeness of documentation in the article Siswanto et al. (2013) explained no significant relationship between age and completeness of documentation (23). In the article, Bijani et al. (2016), age with documentation in Iranian hospitals, concluded no significant relationship between age and nursing documentation (24). This analysis is not in line with the article on documentation.

According to Amalia et al. (2018), as many as 59% of young nurses are incomplete in documenting, 90.5% of elderly nurses document thoroughly, and statistical test results are obtained. There is a significant relationship between nurses' age and the completeness of nursing care documentation ($p = 0.037$; $p < 0.05$).

Table 7 shows the relationship between sex and occupation. This study's results are not in line with the article by Bijani et al. (2016), which states that there is no significant correlation between men and women in documenting nursing care. These results are the same as research by (2013), which states that there is no relationship between gender and completeness of nursing care documentation in the inpatient room of Ungaran Hospital. Providing nursing care and documentation according to Budu et al. (2019) states that there is no difference between men and women in carrying out nursing care and documenting nursing care, such as documenting the end-of-life care. The analysis of this research is different from the results of research conducted by Amalia et al. (2018), which states that as many as 93% of low education do incomplete documentation and 57.1% of higher education do complete documentation. The results of statistical tests explain that there is a significant relationship. between education and nursing documentation ($p = 0.001$; $p < 0.05$).

The results of this study are in line with the article, according to Wungow et al. (2016), which states that the performance in documenting nursing care has a significant relationship between the role of the team leader and the executive nurse ($p = 0.003$; $p < 0.05$). Nursing diagnostic analysis, planning, implementation, and nursing documentation can be analyzed by PPJA or the team leader (Madonni & Erwin, 2015). This statement is in line with Sulistyawati & Haryuni's (2019) research that explained that PPJA or the team leader consistently and adequately carried out nursing care documentation.

Table 8 shows that there is no relationship between the competency level and documentation. This analysis's results are in line with Afriani et al. (2017) research, which states that there is no significant relationship between employment status and career path expectations. This study is different from the results of research on employment status, according to Ola et al. (2019), explaining that direct employment status has a significant and positive effect on employee performance at UPTD Puskesmas Kajuara Makasar.

According to Ratanto et al. (2013), there is a significant relationship between career development and nurse performance in line with articles related to competency levels. In line with the paper on competency levels, Min & Kim (2013) explains that nurses with expert competency levels will have high quality in providing nursing care services and nursing documentation compared to competency levels below.

The implementation of supervision can provide learning to care providers so that there is a change in behavior towards knowledge, skills, and attitudes in a professional manner that supports the success of nursing services and documentation to provide safety and comfort to patients and families (31). The implementation of supervision plays an effective or ineffective role in affecting nursing services (32). Implementing adequate supervision impacts nursing service quality, increasing knowledge, and work motivation (33).

The nursing supervision process can provide nurses' needs in carrying out and completing tasks in achieving the goals set by the organization. One of the controls carried out is the implementation of nursing care and documentation. The use of documentation supervision of end-of-life care includes recording, monitoring, and auditing patient care records (4). There are difficulties in carrying out the nursing process in documenting end-of-life care. Still, the need to develop documentation end of life and emphasize the nursing

process end of life is needed because careful documentation can secure and improve nursing care quality. The national hospital accreditation standards explain that patients' and families' comfort and dignity must be documented. Patients who experience end-of-life care have unique needs so that the patient's right to end of life care must be respected and reported (5).

## CONCLUSION

implementation of supervision has four dimensions: supervision techniques, supervision principles, routine supervision activities, and supervision models. There is a significant relationship between supervision implementation (techniques, principles, regular activities, and supervision models) with end-of-life care documentation. In the supervision performance, the one with the most significant correlation with documentation end of life care is the supervision model with moderate relationship strength and positive direction.

We are increasing the implementation of supervision, the more improved documentation of end-of-life care. On the table is obtained implementation supervision r-value ² of 0.217, which means that the effect of the supervision's implementation simultaneously affects the documentation end-of-lifecare of 21.7%.

The analysis results show three dominant factors that influence the documentation of end-of-life care, namely the gender of women and the position as PPJA, which dominantly affects the documentation of end-of-life care and the supervision model.

### Recommendation

In this case, the hospital leadership and coordinating with the nursing sector make a training program regarding the role and function of supervision, which is expected to improve decision-making in documenting end-of-life care.

The nursing field makes a standard program for implementing supervision and operational standards in documenting end-of-life care to create the effectiveness of good nursing services that impact the quality of nursing care and patient safety. The head of the room continues to increase his role as supervisor of documentation end-of-life care. The implementation of supervision should have a schedule of supervision set before supervision is carried out. The performance of supervision should be graded, meaning that the nursing field supervises the head of the room, the head of the room to the PPJA, and PPJA to the executive nurse directly or indirectly. PPJA and implementing nurses can make research instruments about documenting end-of-life care, so this research becomes a guide in establishing end-of-life care in the intensive care unit

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